

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 4		
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div style="border: 1px solid black; padding: 2px;">DAAE20-99-D-0020</div>			2. DELIVERY ORDER/CALL NO. <div style="border: 1px solid black; padding: 2px;">0007</div>		3. DATE OF ORDER/CALL (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">2003AUG14</div>		4. REQUISITION/PURCH REQUEST NO. <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		5. PRIORITY <div style="border: 1px solid black; padding: 2px;">DOA5</div>			
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CTT LINDA T HULTMAN (309)782-3392 ROCK ISLAND IL 61299-7630 EMAIL: HULTMANL2@RIA.ARMY.MIL			CODE <div style="border: 1px solid black; padding: 2px;">W52H09</div>		7. ADMINISTERED BY (If other than 6) <div style="border: 1px solid black; padding: 2px;">DCMA ST LOUIS 1222 SPRUCE ST ST LOUIS MO 63103-2812</div>			CODE <div style="border: 1px solid black; padding: 2px;">S2605A</div>		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
9. CONTRACTOR LABARGE PRODUCTS INC 2900 BRANNON AVE SAINT LOUIS, MO. 63139-1440			CODE <div style="border: 1px solid black; padding: 2px;">1U339</div>		FACILITY <div style="border: 1px solid black; padding: 2px;"></div>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		11. X IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED			
NAME AND ADDRESS TYPE BUSINESS: Other Small Business Performing in U.S.					12. DISCOUNT TERMS <div style="border: 1px solid black; padding: 2px;"></div>		13. MAIL INVOICES TO THE ADDRESS IN BLOCK <div style="border: 1px solid black; padding: 2px;">See Block 15</div>					
14. SHIP TO <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			CODE <div style="border: 1px solid black; padding: 2px;"></div>		15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO-JWB/GATEWAY P O BOX 182251 COLUMBUS OH 43218-2251				CODE <div style="border: 1px solid black; padding: 2px;">SC1028</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">DELIVERY/ CALL</div> <div style="width: 10%; text-align: center;">X</div> <div style="width: 75%;">THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 15%;">PURCHASE</div> <div style="width: 10%; text-align: center;">Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.</div> <div style="width: 75%;">furnish the following on terms specified herein.</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</div>												
<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 30%;">NAME OF CONTRACTOR</div> <div style="width: 30%;">SIGNATURE</div> <div style="width: 30%;">TYPED NAME AND TITLE</div> <div style="width: 10%;">DATE SIGNED (YYYYMMDD)</div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT		
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Other										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA DONNA L WEBB /SIGNED/ WEBBD@RIA.ARMY.MIL /309)782-6369 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$9,170.80		
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____												
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.		30. INITIALS			
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.									34. CHECK NUMBER			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-99-D-0020/0007 MOD/AMD	Page 2 of 4
Name of Offeror or Contractor: LABARGE PRODUCTS INC		

SUPPLEMENTAL INFORMATION

- 1. Delivery Order 0007 is issued for 10 each Fitting Kit Tube, NSN: 4730-01-130-6013.
- 2. The unit price for this order is \$917.08. This reflects the unit price for Pricing Period 5, 1 December 02 - 30 November 03.
- 3. The total dollar amount for this Delivery Order is \$9,170.80.
- 4. The delivery is 120 days after award of the delivery order as stated in the contract.
- 5. All other terms and conditions remain unchanged.

*** END OF NARRATIVE A 001 ***

CONTINUATION SHEET	Reference No. of Document Being Continued	Page 3 of 4
	PIIN/SIIN DAAE20-99-D-0020/0007 MOD/AMD	

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	PIIN/SIIN DAAE20-99-D-0020/0007 MOD/AMD	

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	PIIN/SIIN DAAE20-99-D-0020/0007 MOD/AMD	

Name of Offeror or Contractor: LABARGE PRODUCTS INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 4730-01-130-6013 FSCM: 59678 PART NR: 13221E6833 SECURITY CLASS: Unclassified				
0001AG	<u>PRODUCTION QUANTITY</u> NOUN: FITTING KIT,TUBE-PI PRON: M131TJ27M1 PRON AMD: 01 ACRN: AA AMS CD: 070011 <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 001 W52H093217B004 W25G1U J 2 <u>DEL REL CD</u> <u>QUANTITY</u> <u>DEL DATE</u> 001 10 12-DEC-2003 FOB POINT: Origin SHIP TO: <u>FREIGHT ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-D-0020/0007	10	EA	\$ 917.08000	\$ 9,170.80

Name of Offeror or Contractor: LABARGE PRODUCTS INC

CONTRACT ADMINISTRATION DATA

										JOB				
LINE	PRON/	OBLG								ORDER	ACCOUNTING		OBLIGATED	
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>						<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>		
0001AG	M131TJ27M1	AA	2	97	X4930AC6G	6D		26FB	S11116		W52H09	\$	9,170.80	
070011														
											TOTAL	\$	9,170.80	
SERVICE											ACCOUNTING	OBLIGATED		
<u>NAME</u>	<u>TOTAL BY ACRN</u>				<u>ACCOUNTING CLASSIFICATION</u>						<u>STATION</u>	<u>AMOUNT</u>		
Army	AA		97	X4930AC6G	6D		26FB	S11116		W52H09	\$	9,170.80		
											TOTAL	\$	9,170.80	